

Innovative Ophthalmology

My name is Dave Hoffman. I am part of a large group of Ophthalmologist and administrators that have been seeking legislative change to the CON process for several years.

Since the inception of the Affordable Care Act, there has been a paradigm shift with regard to increasing access to quality healthcare, efficiency in delivering that care as well as lowering costs. Institutional paradigms must also keep pace by allowing providers to be flexible or nimble in how they deliver care . Therefore the old “norms” of CON must be revisited and new “norms” must be established. The

world of Ophthalmology is on the cutting edge of trying to create a more cost-efficient, expansive approach to health care of ^{our}~~the~~ eyes, but we need the entire community to join in and fight for new CON guidelines.

If given the chance, ophthalmology is poised to achieve your Triple Aim of better value, better care and population health improvement

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In our previous efforts to make statutory changes we were met with resistance from the hospitals and other stakeholders. Although the evidence was factual they had no desire to relinquish any of the power afforded to them by being able to object to an application for a CON. It should be crystal clear that stakeholders are unwilling to listen to the numerous benefits Ophthalmologists could provide communities and patients across the Commonwealth but more ^{focused on} ~~concerned in~~ using their status as a stakeholder as a barrier to competition.

There are several of the modernization core principles where ophthalmologist can make an immediate impact.

There are currently areas where patients have to drive an hour for cataract surgery. Adding the additional cost of transportation and time away from work can prove to be a significant hurdle for patients, especially our senior citizens.

Additionally, over 3,000 cases a year are taken across state lines. Providers in border communities should not have to go to another state to serve their patient population. The granting of single use CON's for ^{Ophthalmologist} providers to

operate on their patients in their communities would immediately solve these access to care issues for eye care.

Ophthalmology is also poised to impact the cost and quality of eye care. A patient having eye surgery in a hospital facility or hospital owned ASC will pay a 50% premium compared to a privately owned ASC. When patients are faced with paying a co pay of the hospital reimbursement rate it can result in an additional out of pocket expense of over \$ 300.00. ^{per patient} This again hits hard our senior patients on limited or fixed incomes.

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The quality of care issue truly sets ophthalmology apart. Eye technology is expensive. Hospitals are unwilling to invest in the technology because there are no means for them to seek reimbursement. However, ophthalmologists are the only specialty that can provide additional services that they can be paid for on top of a covered procedure. In other words, the cataract surgery is covered by insurance but the patient can choose to pay more for things like astigmatism correction,

lens' that allow them to see distance and near.

This additional revenue stream coupled with ASC reimbursements will allow ophthalmologist to continue to invest in the latest technology and ensure that Kentucky is benefitting from the best technology available. The technology is proven to provide better outcomes.

In conclusion I want to make one thing very clear. We have never been seeking multi specialty CONs. We simply want the ability to provide a continuum of quality eyecare to our patients at a more affordable price.

As you have sought public input for suggestions I have three

Do away with the ability of stakeholders to block others from obtaining a CON. The lack of applications by ophthalmologist clearly indicates their unwillingness to expend time and money just to have a stakeholder object to their application.

Create a mechanism that allows Ophthalmologist to share their stories. Let us show how we can prove that we can provide better care, better value and population health improvement as it relates to eye care.

Create an application process that is no longer need based and does not require an attorney to complete the application. The application should be based on the ability to meet and achieve the cabinets stated core objectives.

We stand by willing to invest significantly in our communities, to create jobs and to provide the commonwealth with eye care that is accessible, affordable and maintains the highest standards of quality. All we ask is the opportunity to be a part of the solution.